

YOUR AGENCY LOGO GOES HERE

SERVICES VERIFICATION CARD

Today's Date: _____

1. Today I received mental health services and met with:

- 1. Name of Individual staff: _____
- 2. Name of a 2nd Individual staff: _____
- 3. Name of group and /or Facilitator: _____

2. Approximately, how long did the service last? 0-1 hr ___ 1-2 hrs ___ 2-3 hrs ___ 3 + hrs ___

Client Name

Client Signature (Optional)

Not included in translations:

For Official Use Only: Results of verification	
<input type="checkbox"/> Above service has been verified in Avatar	
_____ Name of staff verifying service	_____ Date of service verification